

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☒ Declaration Submitted With Initial Filing (Unsigned) OR ☐ Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e) required)

Attorney Docket Number **8016-643**
First Named Inventor **Rahu R. UPLAP**
COMPLETE IF KNOWN
Application Number
Filing Date **04 January 2004**
Art Unit **UNKNOWN**
Examiner Name **UNKNOWN**

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

START-UP CONTROL OF INTERNAL COMBUSTION ENGINES

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number **PCT/US03/21046** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Check Only If Priority Not Claimed	Certified Copy Attached?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 USC 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/395,649	07/12/2002	

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it contains a valid OMB control number.

U.S. Parent Application or PCT Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)	
PCT/US03/21046	07/03/2003		
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:			
<input checked="" type="checkbox"/> Customer Number		<div style="border: 1px solid black; border-radius: 50%; padding: 2px; display: inline-block;">30565</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Place Customer Number Bar Code Label Here</div>
OR			
<input type="checkbox"/> Registered practitioner(s) name/registration number listed below.			
Name	Registration Number	Name	Registration Number
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information Sheet PTO/SB/02C attached hereto.			
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number Bar Code Label <div style="border: 1px solid black; border-radius: 50%; padding: 2px; display: inline-block;">30565</div> OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
Name of Sole or First Inventor: <input type="checkbox"/> A petition has been filed for this unsigned inventor.			
Given Name (first and middle (if any))		Family Name or Surname	
<u>Rahu R.</u>		<u>UPLAP</u>	
Inventor's Signature			Date
Residence	City	State	Country
	Pune Maharashtra		IN
Post Office Address	Flat No. 1, Niranand Hsg. Soc., Paud Road		
Post Office Address			
City	State	ZIP	Country
Pune Maharashtra		411029	IN
<input checked="" type="checkbox"/> Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

200 Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name (first and middle [if any])					Family Name or Surname				
<u>Vinayak S.</u>					<u>TIKHE</u>				
Inventor's Signature							Date		
Residence	City	<u>Pune Maharashtra</u>	State		Country	IN	Citizenship	IN	
Post Office Address	<u>B1, Manmohan Society, Karvenagar</u>								
Post Office Address									
City	<u>Pune Maharashtra</u>	State		ZIP	<u>411029</u>	Country	IN		
300 Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name (first and middle [if any])					Family Name or Surname				
<u>Sunil S.</u>					<u>BAHULIKAR</u>				
Inventor's Signature							Date		
Residence	City	<u>Pune Maharashtra</u>	State		Country	IN	Citizenship	IN	
Post Office Address	<u>51, Happy Colony, Kothrud</u>								
Post Office Address									
City	<u>Pune Maharashtra</u>	State		ZIP	<u>411029</u>	Country	IN		
400 Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name (first and middle [if any])					Family Name or Surname				
<u>Pralhad S.</u>					<u>DESPANDE</u>				
Inventor's Signature							Date		
Residence	City	<u>Pune Maharashtra</u>	State		Country	IN	Citizenship	IN	
Post Office Address	<u>S. No. 20, Central Bank Colony</u>								
Post Office Address	<u>Putwardhan Baug, Erandwane</u>								
City	<u>Pune Maharashtra</u>	State		ZIP	<u>411004</u>	Country	IN		

500 Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name (first and middle [if any])					Family Name or Surname				
<u>Pravin A.</u>					<u>SURYAWANSHI</u>				
Inventor's Signature							Date		
Residence	City	<u>Pune Maharashtra</u>	State		Country	IN	Citizenship	IN	
Post Office Address	<u>Plot No. 33, Gururaj Hsg. Soc., Paud Road</u>								
Post Office Address									
	City	<u>Pune Maharashtra</u>	State		ZIP	<u>411029</u>	Country	IN	

600 Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name (first and middle [if any])					Family Name or Surname				
<u>Asmita Y.</u>					<u>KHAIRNAR</u>				
Inventor's Signature							Date		
Residence	City	<u>Pune Maharashtra</u>	State		Country	IN	Citizenship	IN	
Post Office Address	<u>Shewanti, 67/4, Dynanesh Soc. Warje</u>								
Post Office Address									
	City	<u>Pune Maharashtra</u>	State		ZIP	<u>411029</u>	Country	IN	

700 Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name (first and middle [if any])					Family Name or Surname				
<u>Manik S.</u>					<u>DAMLE</u>				
Inventor's Signature							Date		
Residence	City	<u>Pune Maharashtra</u>	State		Country	IN	Citizenship	IN	
Post Office Address	<u>Flat No. 20, Sai Vishwa, Martand Soc.</u>								
Post Office Address	<u>NDA Road, Bawdhan</u>								
	City	<u>Pune Maharashtra</u>	State		ZIP	<u>411021</u>	Country	IN	

800

Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name (first and middle [if any])				Family Name or Surname					
<u>Ishani A.</u>				<u>PUJARI</u>					
Inventor's Signature						Date			
Residence	City	<u>Pune Maharashtra</u>	State		Country	IN	Citizenship	IN	
Post Office Address	Sharayu, C/O Prof. Gawade								
Post Office Address	Shahu Colony, Lane No. 2								
	City	<u>Pune Maharashtra</u>	State		ZIP	<u>411029</u>	Country	IN	